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TENNESSEE DEPARTMENT OF HEALTH

Health Statistics

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JOINT ANNUAL REPORT OF HOME HEALTH AGENCIES

2014

Schedule A – Identification

Schedule B – Organization Structure

Schedule C – Licensure, Accreditations & Memberships

Schedule D – Finances

Schedule E – Utilization

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Schedule A – Identification				
<p>According to the Department of Health rules and regulations section 1200-8-26-.11, "a yearly statistical report, the 'Joint Annual Report of Home Care Organizations,' shall be submitted to the Department." Report data for the year specified above. Please read all information carefully before completing your Joint Annual Report. Please complete all items on the Joint Annual Report. Use 0 (zero) when appropriate. Check all computations, especially where a total is required. Please check all checkboxes. Any items which appear to be inconsistent will be queried. Agencies will be reported to the Board for Licensing Health Care Facilities for both failure to file forms and failure to respond to queries.</p> <p>Comments relating to unique aspects of your agency may be submitted with the Report.</p>				
Facility	State ID	09065		
	Legal Name	Baptist Memorial Home Care		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Did the facility's name change during the reporting period?		
	If Yes, Prior Name			
	Street	631 R.B. Wilson Drive		
	City	Huntingdon	County	Carroll
	State	Tennessee	Zip	38344-1727
	Area Code	731	Phone	986-3220
Preparer	Name	Ann Jordan		
	Title	Business Office Coordinator		
	Phone Number	(731) 986-7271		
	Email Address	ann.jordan@bmhcc.org		
Administration	Name of Administrator	Crystal Allen		
	Name of Medical Director	NA		
Reporting Period	Is the reporting period July 1 through June 30 of the year specified above?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	If unable to report on above dates, provide beginning and ending dates (used for all utilization and financial data):	Beginning (mm/dd/yyyy)	07/01/2013	
		Ending (mm/dd/yyyy)	06/30/2014	
		Number of days in reporting period	365	

Schedule B – Organization Structure

Owner	Type (Check one type and one sub-type)	The type of legal entity, except proprietorship, general partnerships and government entities, can be confirmed by entering the legal entity's name into a search at the Secretary of State web site: http://www.tennesseeanytime.org/soscorp/ .								
		For-Profit <input type="checkbox"/>	<input type="checkbox"/> Proprietorship - a business owned by one person.							
			<input type="checkbox"/> General Partnership - an association of two or more persons to carry on as co-owners of a business or other undertaking for profit formed under § 61-1-202, predecessor law, or comparable law of another jurisdiction. TCA Title 61 Chapter 1.							
			<input type="checkbox"/> Limited Partnership (LP) - a partnership formed by two or more persons under the laws of the state of Tennessee, and having one or more general partners and one or more limited partners. TCA Title 61 Chapter 2.							
			<input type="checkbox"/> Limited Liability Partnership (LLP) - governed by TCA § 61-1-106 (c). The law of this state governs relations among the partners and between the partners and the partnership and the liability of partners for an obligation of a limited liability partnership that has filed an application as a limited liability partnership in this state.							
			<input type="checkbox"/> Limited Liability Company (LLC) - established by the "The Tennessee Limited Liability Company Act" found in the Tennessee Code Annotated, § 48-201-101 through § 48-248-606.							
			<input type="checkbox"/> Corporation - defined by the "Tennessee Business Corporation Act" codified in TCA Title 48 Chapters 11-27.							
		Nonprofit <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Non-Religious Corporation or Association - defined by the "Tennessee Nonprofit Corporation Act" codified in TCA Title 48 Chapters 51-68.							
			<input type="checkbox"/> Religious Corporation or Association - either a corporation or association that is organized and operated primarily or exclusively for religious purposes. Most of the provisions of the Tennessee Nonprofit Corporation Act apply to a religious corporation. Exceptions are specified in TCA § 48-67-102.							
			<input type="checkbox"/> Limited Liability Company (LLC) - a company that is disregarded as an entity for federal income tax purposes, and whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in TCA § 67-4-1004(15).							
		Government <input type="checkbox"/>	<input type="checkbox"/> City							
			<input type="checkbox"/> County							
			<input type="checkbox"/> State							
			<input type="checkbox"/> Federal							
			<input type="checkbox"/> Other Government (specify)							
Name of Legal Entity		Baptist Memorial Hospital Huntingdon								
Street		631 R.B. Wilson Dr								
City		Huntingdon								
State		Tennessee				Zip	38344-1727			
List name(s) and address(es) of individual owner, partners, directors of the corporation, or head of the governmental entity:										
Name		Address			City	State	Zip			
1. Thelma Traut		631 R.B. Wilson Dr			Huntingdon	TN	38344-1727			
2. Walton West		631 R.B. Wilson Dr.			Huntingdon	TN	38344-1727			
3. Mike Cary		631 R.B. Wilson Dr.			Huntingdon	TN	38344-1727			
4. Lee Nicholson		631 R.B. Wilson Dr.			Huntingdon	TN	38344-1727			
Race of Owner	Check race If owned by an individual:				<input type="checkbox"/> White		<input type="checkbox"/> Black		<input type="checkbox"/> Other	
	If owned by corporation or partnership, give race of members/partners etc:				White	4	Black	0	Other	0

Structure	Check one of the following types of organizations and specify the name of the parent facility where applicable. A hospital based organization is a department of a hospital. A hospital affiliated organization is typically owned or leased by a hospital; not a department of the hospital.	
	Type	Name of Organization
<input type="checkbox"/>	Free Standing	
<input type="checkbox"/>	Hospital Affiliated	
<input checked="" type="checkbox"/>	Hospital Based	Baptist Memorial Hospital - Huntingdon
<input type="checkbox"/>	Nursing Home Based	
<input type="checkbox"/>	Public Health Department	
<input type="checkbox"/>	Rural Health Clinic Based	

Schedule C – Licensure, Accreditations, Memberships, and Participations

On the following items, please report the status of your facility as of 06/30/2014.

Licensure	License Number for 2014		19			
	Most recent survey date (yyyy)		2013			
Accreditation	<input checked="" type="checkbox"/>	Yes	Joint Commission on Accreditation of Healthcare Organizations		Approval Date (yyyy)	2012
	<input type="checkbox"/>	No			Expiration Date (yyyy)	2015
	<input type="checkbox"/>	Yes	Community Health Accreditation Program (CHAP)		Approval Date (yyyy)	
	<input checked="" type="checkbox"/>	No			Expiration Date (yyyy)	
	<input type="checkbox"/>	Yes	Other (specify)		Approval Date (yyyy)	
	<input checked="" type="checkbox"/>	No			Expiration Date (yyyy)	
	<input type="checkbox"/>	Yes	Other (specify)		Approval Date (yyyy)	
	<input checked="" type="checkbox"/>	No			Expiration Date (yyyy)	
Memberships	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Tennessee Association for Home Care	
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	THA Home Care Alliance	
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Other (specify)	
Participations	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Medicare	
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	TennCare	
					If yes, indicate the MCOs with whom you have contracts.	
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	AmeriChoiceEast (John Deere)	
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	AmeriChoice (Middle)	
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	AmeriGroup	
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	BlueCare	
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	TLC Family Care Healthplan	
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	UAHC (OmniCare Health)	
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	PHP TennCare	
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	TennCare Select	
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Unison Health Plan	
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Windsor Health Plan of TN	
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Other (specify)	
					If yes, indicate the BHOs with whom you have contracts.	
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	TBH		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Premier		

Schedule D – Finances

Gross Revenue by Revenue Source	<p>Enter the amount of gross revenue (your total charges) that your organization received from each of the sources listed during the reporting period. Please note: this reporting period should be consistent with the reporting period listed in Schedule A of this report.</p> <p>TennCare - Tennessee's Medicaid program that is a joint federal and state program that helps with medical costs for some people with low incomes and limited resources.</p> <p>Medicare - the federal health insurance program for:¹ people 65 years of age or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure with dialysis or a transplant, sometimes called ESRD).</p> <p>Medicare HMO – a Health Management Organization (HMO) that has contracted with the federal government under the Medicare+ Choice program to provide health benefits to persons eligible for Medicare that choose to enroll in the HMO, instead of receiving their benefits and care through the</p>
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Schedule B – Organizational Structure

Schedule C – Licensure, Accreditations, Memberships, and Participations

Schedule D - Finances

Gross Revenue by Revenue Source (cont.)	traditional fee for service Medicare program. ² Private Pay – payment coming from consumers. Commercial – payment coming from all insurance companies, including BlueCross. TRICARE - the health care program for active duty members of the military, military retirees, and their eligible dependents. TRICARE was called CHAMPUS in the past. ¹ Home & Community Based Waiver Programs – the Medicaid program alternative to providing long-term care in institutional settings. ³ Other Pay Source - payment coming from sources not included in this specific list of sources.				
	Payment Source		Gross Revenue	Percentage of Total	
	TennCare		\$0	0.00	
	Medicare		\$670,932	83.10	
	Medicare HMO		\$0	0.00	
	Private Pay		\$0	0.00	
	Commercial		\$136,448	16.90	
	TRICARE		\$0	0.00	
	Home and Community Based Waiver Programs		\$0	0.00	
	Other Pay Source (specify): 0		\$0	0.00	
Total		\$807,380	100.00		
Charity Care	Charity Care (Reports as a positive number.) Do not include other adjustments to gross revenue such as contractual allowances (e.g. discounts) or bad debt (e.g. not receiving expected payments).			0	
	Charity Care – services provided to medically needy persons for which the facility does not expect payment. These persons have insufficient income and/or assets with which to pay for their care. “Insufficient income” is defined as an amount not to exceed one hundred percent (100%) of the federal poverty guidelines. They are not eligible for Medicaid or other state or federal programs, or benefits of these programs have been exhausted. The patient has no insurance or has a very limited insurance policy.				
Average Charges by Discipline	Provide actual cost per visit for Medicare Certified and/or charge per visit or charge per hour for Private Duty for the end of your cost reporting year for the following disciplines. For Medicare Certified Home Care Organizations, indicate the average cost per visit from your cost report for each of the disciplines listed as well as Medicare reimbursement. For Private Duty Company, provide the amount your organization charges per visit OR per hour for the services listed.				
	Discipline	Medicare Certified Home Care Organization		Private Duty Company	
		Cost Per Visit	Reimbursement	Average Charge Per Visit	Average Charge Per Hour
	Home Health Aide Service	118	0	0	0
	Homemaker Services	0	0	0	0
	Medical Social Services	2,901	0	0	0
	Occupational Therapy	0	0	0	0
	Physical Therapy	190	0	0	0
	Skilled Nursing Care	260	0	0	0
	Speech Therapy	250	0	0	0
Other (specify):	0	0	0	0	
Schedule E – Utilization					
Discharges	List the number of discharges by reason during the 12 month reporting period. Total Discharges by Number of Days (Length of Stay) should be calculated from date of admission to date of discharge.				
	Reason for Discharge			Total Number Discharged	
	Physician order (Unplanned)			3	
	No further care needed; reached maximum functional potential (Goals met)			232	
	Death			11	
Patient request			13		

Discharges (cont.)	Reason for Discharge		Total Number Discharged
	Transfer to hospital from home health agency		5
	Transfer to nursing home from home health agency		1
	Transfer out of service area		1
	Transfer to hospice services from home health agency		6
	Patient no longer met payor's home care qualifications for eligibility/ coverage criteria		22
	Other (specify):	Referred to Outpatient	1
	Unknown		0
	Total Discharges		295
	Total Discharges by Number of Days (Length of Stay)		42
Patients Served	Category		Number
	Unduplicated	Unduplicated patient census on the first day of the current reporting period	32
	Gender	Male	99
		Female	184
	Total		283
	Race/Ethnicity	<p>The following race/ethnicity definitions were taken from the "OASIS Implementation Manual" of the Centers on Medicare and Medicaid Services, December 2002:</p> <p>American Indian or Alaska Native refers to "a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment."</p> <p>Asian refers to "a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam."</p> <p>Black or African American refers to "a person having origins in any of the black racial groups of Africa. Terms such as 'Haitian' or 'Negro' can be used in addition to 'Black or African American.'"</p> <p>Hispanic or Latino refers to "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, 'Spanish origin,' can be used in addition to 'Hispanic or Latino.'"</p> <p>Native Hawaiian or Other Pacific Islander refers to "a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands."</p> <p>White refers to "a person having origins in any of the original peoples of Europe, the Middle East, or North Africa."</p>	
	Race/Ethnicity		Number
	American Indian or Alaska Native		0
	Asian		1
	Black or African-American		27
	Hispanic or Latino		0
	Native Hawaiian or Pacific Islander		0
	White		254
	Multi-Race/Ethnicity (or Other)		0
	Unknown		1
	Total		283
	Revenue Source	Please specify the total number of patients served who received the services below and the number of visits/hours provided to those patients by revenue source. For Medicare Certified Home Care Organizations, report the number of visits. For Private Duty companies, report the number of hours.	

Patients Served (cont.)	Revenue Source (cont.)	Discipline	TennCare		
			Patients	Visits	Hours
		Home Health Aide Services		0	
		Homemaker Services		0	
		Medical Social Services		0	
		Occupational Therapy		0	
		Physical Therapy		0	
		Skilled Nursing Care		0	
		Speech Therapy		0	
		Other		0	
		Total	0	0	
		Discipline	Medicare		
			Patients	Visits	Hours
		Home Health Aide Services		398	
		Homemaker Services		0	
		Medical Social Services		5	
		Occupational Therapy		0	
		Physical Therapy		1,914	
		Skilled Nursing Care		1,133	
		Speech Therapy		65	
		Other		0	
		Total	185	3,515	
		Discipline	Medicare HMO		
			Patients	Visits	Hours
		Home Health Aide Services		0	
		Homemaker Services		0	
		Medical Social Services		0	
		Occupational Therapy		0	
		Physical Therapy		0	
		Skilled Nursing Care		0	
		Speech Therapy		0	
		Other		0	
		Total	0	0	
		Discipline	Private Pay		
			Patients	Visits	Hours
		Home Health Aide Services		0	
		Homemaker Services		0	
		Medical Social Services		0	
		Occupational Therapy		0	
		Physical Therapy		0	
		Skilled Nursing Care		0	
		Speech Therapy		0	
		Other		0	
		Total	0	0	
		Discipline	Commercial		
			Patients	Visits	Hours
		Home Health Aide Services		252	
		Homemaker Services		0	
		Medical Social Services		1	

Patients Served (cont.)	Revenue Source (cont.)		Patients	Visits	Hours
		Occupational Therapy		0	
		Physical Therapy		687	
		Skilled Nursing Care		703	
		Speech Therapy		18	
		Other		0	
		Total	98	1,661	
		Discipline	TRICARE		
			Patients	Visits	Hours
		Home Health Aide Services		0	
		Homemaker Services		0	
		Medical Social Services		0	
		Occupational Therapy		0	
		Physical Therapy		0	
		Skilled Nursing Care		0	
		Speech Therapy		0	
		Other		0	
		Total	0	0	
		Discipline	Home and Community Based Waiver Programs		
			Patients	Visits	Hours
		Home Health Aide Services		0	
		Homemaker Services		0	
		Medical Social Services		0	
		Occupational Therapy		0	
		Physical Therapy		0	
		Skilled Nursing Care		0	
		Speech Therapy		0	
		Other		0	
		Total	0		
		Discipline	Other Pay Source		
			Patients	Visits	Hours
		Home Health Aide Services		0	
		Homemaker Services		0	
		Medical Social Services		0	
		Occupational Therapy		0	
		Physical Therapy		0	
		Skilled Nursing Care		0	
		Speech Therapy		0	
		Other		0	
		Total	0		
		Discipline	Charity Care		
			Patients	Visits	Hours
		Home Health Aide Services		0	
		Homemaker Services		0	
		Medical Social Services		0	
		Occupational Therapy		0	
		Physical Therapy		0	
		Skilled Nursing Care		0	
		Speech Therapy		0	
		Other		0	
		Total	0		

Patients Served (cont.)	Revenue Source (cont.)	Discipline	Total All Revenue Sources		
			Patients	Visits	Hours
		Home Health Aide Services		650	0
		Homemaker Services		0	0
		Medical Social Services		6	0
		Occupational Therapy		0	0
		Physical Therapy		2,601	0
		Skilled Nursing Care		1,836	0
		Speech Therapy		83	0
		Other		0	0
		Grand Total	283	5,176	0

Patient Origin	List total patients served by age (0-17 years, 18-64 years, 65-74 years, 75+ years and total) and by race (B=Black, W=White, O=Other, including American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander). First, check the box beside each county this home health agency is licensed to operate in regardless of whether any residents from that county received services. Second, indicate by resident county the number of patients who received home health services.								
	Check the counties your facility is licensed to serve.	Number of Patients Served							
		Age (in years)				Total	Race		
		0-17	18-64	65-74	75 +		White	Black	Other
<input type="checkbox"/>	1 Anderson								
<input type="checkbox"/>	2 Bedford								
<input checked="" type="checkbox"/>	3 Benton	0	6	6	9	21	21	0	0
<input type="checkbox"/>	4 Bledsoe								
<input type="checkbox"/>	5 Blount								
<input type="checkbox"/>	6 Bradley								
<input type="checkbox"/>	7 Campbell								
<input type="checkbox"/>	8 Cannon								
<input checked="" type="checkbox"/>	9 Carroll	0	53	48	123	224	200	22	2
<input type="checkbox"/>	10 Carter								
<input type="checkbox"/>	11 Cheatham								
<input checked="" type="checkbox"/>	12 Chester	0	3	1	0	4	3	1	0
<input type="checkbox"/>	13 Claiborne								
<input type="checkbox"/>	14 Clay								
<input type="checkbox"/>	15 Cocke								
<input type="checkbox"/>	16 Coffee								
<input checked="" type="checkbox"/>	17 Crockett	0	1	0	1	2	2	0	0
<input type="checkbox"/>	18 Cumberland								
<input type="checkbox"/>	19 Davidson								
<input checked="" type="checkbox"/>	20 Decatur	0	1	1	0	2	2	0	0
<input type="checkbox"/>	21 DeKalb								
<input type="checkbox"/>	22 Dickson								
<input type="checkbox"/>	23 Dyer								
<input type="checkbox"/>	24 Fayette								
<input type="checkbox"/>	25 Fentress								
<input type="checkbox"/>	26 Franklin								
<input checked="" type="checkbox"/>	27 Gibson	0	2	3	1	6	5	1	0
<input type="checkbox"/>	28 Giles								
<input type="checkbox"/>	29 Grainger								
<input type="checkbox"/>	30 Greene								
<input type="checkbox"/>	31 Grundy								
<input type="checkbox"/>	32 Hamblen								
<input type="checkbox"/>	33 Hamilton								
<input type="checkbox"/>	34 Hancock								

Patient Origin (cont.)	Check the counties your facility is licensed to serve.	Number of Patients Served							
		Age (in years)				Total	Race		
		0-17	18-64	65-74	75 +		White	Black	Other
<input type="checkbox"/>	35 Hardeman								
<input type="checkbox"/>	36 Hardin								
<input type="checkbox"/>	37 Hawkins								
<input type="checkbox"/>	38 Haywood								
<input checked="" type="checkbox"/>	39 Henderson	0	3	2	0	5	3	2	0
<input checked="" type="checkbox"/>	40 Henry	0	2	0	1	3	3	0	0
<input type="checkbox"/>	41 Hickman								
<input type="checkbox"/>	42 Houston								
<input checked="" type="checkbox"/>	43 Humphreys	0	3	3	0	6	6	0	0
<input type="checkbox"/>	44 Jackson								
<input type="checkbox"/>	45 Jefferson								
<input type="checkbox"/>	46 Johnson								
<input type="checkbox"/>	47 Knox								
<input type="checkbox"/>	48 Lake								
<input type="checkbox"/>	49 Lauderdale								
<input type="checkbox"/>	50 Lawrence								
<input type="checkbox"/>	51 Lewis								
<input type="checkbox"/>	52 Lincoln								
<input type="checkbox"/>	53 Loudon								
<input type="checkbox"/>	54 McMinn								
<input type="checkbox"/>	55 McNairy								
<input type="checkbox"/>	56 Macon								
<input checked="" type="checkbox"/>	57 Madison	0	4	1	1	6	5	1	0
<input type="checkbox"/>	58 Marion								
<input type="checkbox"/>	59 Marshall								
<input type="checkbox"/>	60 Maury								
<input type="checkbox"/>	61 Meigs								
<input type="checkbox"/>	62 Monroe								
<input type="checkbox"/>	63 Montgomery								
<input type="checkbox"/>	64 Moore								
<input type="checkbox"/>	65 Morgan								
<input type="checkbox"/>	66 Obion								
<input type="checkbox"/>	67 Overton								
<input type="checkbox"/>	68 Perry								
<input type="checkbox"/>	69 Pickett								
<input type="checkbox"/>	70 Polk								
<input type="checkbox"/>	71 Putnam								
<input type="checkbox"/>	72 Rhea								
<input type="checkbox"/>	73 Roane								
<input type="checkbox"/>	74 Robertson								
<input type="checkbox"/>	75 Rutherford								
<input type="checkbox"/>	76 Scott								
<input type="checkbox"/>	77 Sequatchie								
<input type="checkbox"/>	78 Sevier								
<input type="checkbox"/>	79 Shelby								
<input type="checkbox"/>	80 Smith								
<input type="checkbox"/>	81 Stewart								
<input type="checkbox"/>	82 Sullivan								
<input type="checkbox"/>	83 Sumner								
<input type="checkbox"/>	84 Tipton								
<input type="checkbox"/>	85 Trousdale								

Patient Origin (cont.)	Check the counties your facility is licensed to serve.	Number of Patients Served							
		Age (in years)				Total	Race		
		0-17	18-64	65-74	75 +		White	Black	Other
<input type="checkbox"/>	86 Unicoi								
<input type="checkbox"/>	87 Union								
<input type="checkbox"/>	88 Van Buren								
<input type="checkbox"/>	89 Warren								
<input type="checkbox"/>	90 Washington								
<input type="checkbox"/>	91 Wayne								
<input checked="" type="checkbox"/>	92 Weakley	0	3	1	0	4	4	0	0
<input type="checkbox"/>	93 White								
<input type="checkbox"/>	94 Williamson								
<input type="checkbox"/>	95 Wilson								
	96 Unknown								
	97 Other States								
Total		0	81	66	136	283	254	27	2

Schedule F – Personnel

Type of Employee by Service	Please indicate the number of personnel as of 06/30/14 (or the last day of the reporting period). Do not include a type of employee for which you do not provide that type of service. For example, do not include Physical Therapists unless you provide Physical Therapy services. Record zero where appropriate. Leave the item blank if the value is unknown. Full Time Equivalent (FTE) = Number of Hours worked by part-time employees per week/40 hours per week. For example, three Registered nurses, each working 20 hours a week, the FTE would be (3x20)/40=1.5. For the purposes of this calculation, if your facility reimburses employees per visit rather than per hour worked, one visit equals one hour in FTE.				
	Type	Number of Employees			
		Full-Time	Part-Time in FTE	Contract in FTE	Total in FTE
Office Staff:	Administrator	0	0.80	0.00	0.80
	Assistant Administrator	0	0.00	0.00	0.00
	Clinical Director/In-office Clinical Staff	0	0.00	0.00	0.00
	Office Personnel (Clerical)	1	0.02	0.00	1.02
	Financial/Billing Personnel	0	0.00	0.00	0.00
	Other Administrative Personnel (Marketing / Community Education, etc.)	0	0.25	0.00	0.25
Field Staff:	Registered Nurses	2	0.65	0.00	2.65
	Licensed Practical Nurses	0	0.00	0.00	0.00
	Certified Nurses Aides	0	0.65	0.00	0.65
	Physical Therapy Services	2	0.44	0.00	2.44
	Occupational Therapy	0	0.00	0.00	0.00
	Speech/Language Pathology Services	0	0.09	0.00	0.09
	Medical Social Services	0	0.14	0.00	0.14
	Respiratory Therapists	0	0.00	0.00	0.00
	Home Health Aides	0	0.00	0.00	0.00
	Homemakers	0	0.00	0.00	0.00
	Nutritionists/Dieticians	0	0.00	0.00	0.00
	Other Health	0	0.00	0.00	0.00
	Other Non-Health	0	0.00	0.00	0.00
Total (Office & Field Staff)		5	3.04	0.00	8.04

Personnel	Please indicate the number of personnel as of 06/30/14 (or the last day of the reporting period):							
	Registered Nurses	Highest Education Level	Number Currently Employed	Number of Budgeted Vacancies	Average Time Required to Recruit Staff	Number Added in the Past 12 Months	Number Eliminated in the Past 12 Months	
							Clinical	Admin
		Associate	6	0	0	2	0	0
		Diploma	1	0	0	0	0	0
		Bachelors	2	0	0	0	1	0
		Masters	0	0	0	0	0	0
		Doctorate	0	0	0	0	0	0
		Total	9	0		2	1	0
	Advanced Practice Nurses	Category	Number Currently Employed	Number of Budgeted Vacancies	Average Time Required to Recruit Staff	Number Added in the Past 12 Months	Number Eliminated in the Past 12 Months	
							Clinical	Admin
		Nurse Practitioner	0	0	0	0	0	0
		Clinical Nurse Specialist	0	0	0	0	0	0
		Total	0	0		0	0	0
	Licensed Practical Nurses	Number Currently Employed	Number of Budgeted Vacancies	Average Time Required to Recruit Staff	Number Added in the Past 12 Months	Number Eliminated in the Past 12 Months		
		0	0	0	0	0		
		Certified Nurses Aides	2	0	0	0	0	
		Occupational Therapists	1	0	0	0	0	
		Physical Therapists	2	0	0	0	0	
		Speech Therapists	1	0	0	0	0	
Occupational Therapist Assistants		0	0	0	0	0		
Physical Therapists Assistants		1	0	0	0	0		
Employee Benefits	Does your facility offer the following benefits to any of your employees?							
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	401K Plan			
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Retirement Plan			
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Health Insurance			
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Life Insurance			
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Child Day Care Center for Employees			
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Education			
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Paid Holiday	If Yes, Number of Paid Holidays	9	
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Paid Vacation			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Other (specify)	403B,LTD,STD, Long Term Care Ins, Cancer,Flexible Spending Accounts, Accident Ins			

Schedule G – Branch Offices				
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Do you have branch offices?		
If yes, please provide names and addresses of up to 12 branch offices:				
Name				
Street				
City				
County		State		Zip
Administrator's Declaration	<input checked="" type="checkbox"/>	I, the administrator, declare that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.		
Date	11/21/2014	(mm/dd/yyyy)		

References

- 1 Centers for Medicare & Medicaid Services <http://www.cms.hhs.gov/glossary>
- 2 Managed Care On-Line <http://www.medicarehmo.com>
- 3 Bureau of TennCare, Home and Community Based Services <http://tennessee.gov/tenncare/ltcare/ltc3.htm>